

symptom in the legs; micturition was attended with little or no discomfort; the bowels were somewhat constipated. Ordered a purgative and hot fomentations to the penis.

Sept. 30th.—Condition unchanged. To take ten drops of tincture of belladonna every six hours, and ten drops of antimonial wine in an ounce of white mixture three times a day.

Oct. 3rd.—No alteration; no sleep has been obtained. To have at once five grains of calomel and six grains of compound extract of colocynth, and a pill containing five grains of camphor every night.

7th.—No change. The purgative pill did not act much. Ordered twenty grains of bromide of potassium three times a day.

8th.—Repeat the calomel pill.

9th.—Condition the same as above. To take at night fifteen drops of tincture of belladonna in an ounce of camphor mixture.

10th.—Still sleeps badly; no diminution of the priapism. To have a draught containing twenty grains of chloral hydrate at bedtime. A small quantity of extract of belladonna to be rubbed into the skin of the perineum.

19th.—Symptoms still the same. The patient was seen to-day by Mr. Hancock and Dr. Headland. Ordered to have an eight-grain compound aloes pill at once; and to take one-eighth of a grain of tartarised antimony and a drachm of the solution of acetate of ammonia in an ounce of camphor mixture every four hours.

22nd.—Condition unaltered. To have five grains of iodide of potassium three times a day (this was not administered until the 29th).

25th.—The patient is conscious of some relaxation of the erect feeling, and the pain is less.

29th.—Both the priapism and the pain have nearly disappeared. The patient wishes to sit up. The appetite is good, as it has been throughout the disease.

30th.—Last evening, about nine o'clock, half an hour after taking the first five-grain dose of iodide of potassium, the patient was seized with all the symptoms of extremely marked iodism. He did not sleep during the night. This morning the symptoms are still present, but evidently subsiding. There is no salivation nor eruption on the skin. Pulse 68, regular, and small. The penis is no longer erect, but although flapped over upon the thigh it is quite firm to the touch. It is free from pain.

Nov. 1st.—The symptoms of iodism have perfectly subsided.

4th.—Penis still abnormally stiff, with slight pain at the point, and tenderness. The patient volunteers the statement that he has "rubbed the point," but could induce no erection by the experiment.

6th.—Condition improving; relaxation not quite complete.

8th.—The patient is out of bed; there is still stiffness of the penis; no erection has occurred.

11th.—The penis is perfectly lax; no erection. The patient was discharged to-day cured.

It must be added that on one occasion, the date of which was not recorded, the patient was put under the influence of chloroform without effect upon the priapism.

KING'S COLLEGE HOSPITAL.

A CASE OF RED SOFTENING OF THE BRAIN.

(Under the care of Dr. BEALE.)

For the following notes we are indebted to Mr. Francis Warner, M.B.

The subjoined case was a well-marked example of that form of cerebral degeneration called red softening, and was probably due to the intemperate habits of the patient. The extensive disease of the vessels was no doubt primary, and either minute ruptures occurred in the capillaries, or the so-called atheromatous abscesses in the aorta discharging their contents into the blood-current may have caused embolism in the capillaries and infarctions of the affected parts.

The patient, a married woman, aged twenty-five, was admitted on November 25th. The following history of the case was obtained from the husband by Dr. J. H. Philpot, house-physician:—Both parents alive and healthy; no history of consumption in the family. She is married, and has four children, all healthy. She seems to have enjoyed good health till lately, but about a year ago she began to take to drinking hard, chiefly gin, being almost constantly

in a "muddled condition." The present illness commenced about three months ago with anorexia, retching, and vomiting; at the same time a "scaly rash" appeared upon the skin, then blebs formed, burst, and scabbed over. She gradually got worse, and began to be changeable in temper and fretful; would lie about in a listless manner, and was very irritable when disturbed. Her memory became impaired, and she was constantly affected by spectral illusions. These mental symptoms became very marked about two months ago. For the last three weeks she has been almost confined to bed, gradually losing power in her limbs, and since the 10th inst., she is said to have been quite powerless. The bowels have not been open for a fortnight, except once slightly. During the last week she has complained much of headache and pains in the limbs. For the last three days she has been more or less unconscious; lying with her eyes closed and refusing to take food, but drinking eagerly. She has never been violently delirious, but on one or two occasions has tried to get out of bed.

On admission to the hospital, the following notes were taken:—Patient is a stoutly-built woman, apparently beginning to emaciate. She lies in bed on her back, generally almost motionless, sometimes a little restless, especially when being examined. Face flushed, skin moist, but no sweating. Head turned away from the light, eyes closed. She resists attempts to raise the eyelids, but when this is done, the eyes are seen to be injected and watery; pupils contracted but equal; they act sluggishly to light. There is well-marked divergent strabismus, varying in amount from one minute to another. Ophthalmoscopic examination found impracticable. A careful examination of the heart and lungs shows no signs of disease. There are some sores on the legs and back; there is very little ulceration, if any, and some of the sores have become crusted over; they much resemble rupia. There are also some old cicatrices on the skin of the abdomen. A slight "tache cérébrale" may be developed by drawing a blunt point gently over the chest or forehead, but it is not well-marked. Breathing is noisy and stertorous, respirations sixteen to the minute. Pulse small and slightly irregular, 130. Tongue furred, dry at tip and centre; no sordes on the teeth. There is much difficulty in getting patient to swallow any food. Urine cloudy and loaded with lithates, acid, specific gravity 1020; no albumen. Thirty-two ounces were drawn off with the catheter. Temperature 98° F. Was ordered an enema to relieve the bowels, and four grains of calomel to be placed on the tongue.

Nov. 27th.—The patient is almost unconscious, and cannot be made to speak. She attempts to protrude the tongue when repeatedly told to do so. The divergent strabismus is more marked, and continues to vary from time to time. She occasionally utters a few incoherent words. The breathing is more stertorous, and she is evidently sinking. Pulse 138; temperature 100° Fahr. Died quietly at night.

Autopsy, made by Dr. KELLY, twenty-four hours after death.—The brain-membranes, and superficial portions of the brain were healthy. The arteries at the base were atheromatous but pervious. On opening the ventricles a large cyst of the choroid was found on each side. Beneath the lining of the ventricle, and seen through it, were small patches of red softening placed symmetrically in each corpus striatum and optic thalamus. They were close to the surface, each about the size of a pea. A similar patch was found on the medulla oblongata, near the floor of the fourth ventricle. Microscopical examination showed the capillaries of the diseased portions to be extremely varicose; weight of brain, 46 oz. Heart flabby; valves healthy; weight, 11½ oz. Aorta atheromatous. Kidneys lobulated, capsule adherent, cortex diminished; weight of the right kidney, 6½ oz.; of the left, 5½. Liver large, smooth, and fatty; weight, 75 oz.

BELFORD HOSPITAL, FORT WILLIAM, N.B.

EXTRAORDINARY CASE OF PIN-VOMITING, ETC.; RECOVERY.

(Under the care of Dr. G. WRIGHT HUTCHISON.)

Cases like the following occasionally come under the care of the medical man, and generally occasion much doubt and scepticism. There can be no doubt that the majority, if not all, are impositions. It would be interesting to know whether the patient in this case was left-handed, for it is to